



- The client does not take any prescription medications.
- The client did not have his/her medication list at the time of the intake; will provide list at a later time.
- Do NOT include Over the Counter Medications.**

Name of MEDICATION	Generic Y/N	Dosage/Frequency (ex. 40 mg/day)	Day Supply (30, 60, 90)

**Return form to:**

**CENTRAL ALABAMA AGING CONSORTIUM**  
**400 COTTON GIN ROAD, MONTGOMERY, AL 36117**

**PHONE: 334-240-4680 or FAX: 334-240-4681 or EMAIL: caac.adrc@caac-al.org**

